STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation, 12

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

2. DATE OF FILING

I. TITLE OF NEWSPAPER		2. DATE OF FILING
FREQUENCY OF ISSUE 3A. NO. O	OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE
2180866	12	25.50 in State
COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (S. D. DOY 369, Lake Andes, Charles nuy C.	treet, City, County, State and ZIP+4 Coo	te) (Not printers) Ota 57356-0369
COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL	BUSINESS OFFICES OF THE PUBLIS	HER (Not printers)
D. BOY III Beres ford, SD 5700 FULL NAME OF PUBLISHER:	N-0111	
traige mary Steensland		and address of A. H. Idan
OWNER (If owned by a corporation, is name and address must be stated and or holding 1 percent or more of total amount of stock. If not owned by a corpor owned by a partnership or other unincorporated firm, its name and address, as	ation, the names and addresses of the i s well as that of each individual must be	individual owners must be given. If given.
Printers Inc. 4.0.8	COMPLETE MA	AILING ADDRESS 130 MW-011
KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOL OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so s	DERS OWNING OR HOLDING 1 PERC	CENT OR MORE OF TOTAL AMOUNT
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EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	430	430
B. PAID AND/OR REQUESTED CIRCULATION Sales through dealers and carriers, street vendors and counter sales.	120	/23
Mail Subscription (Paid and or requested)	226	217
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	346	340
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	33	33
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	309	373
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	51	.57
2. Return from News Agents	D	0
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	430	430
	SIGNATURE AND TITLE OF PUBLISH	ER, BUSINESS MANAGER OR OWNE
swear that the statements made by me above are orrect and complete.	Er Woods Le	dita
State of South Dakota)	Sworn to before me this	24th day o
	Sectionles	,20 < 2_
County of Sharles Mix	Notary Public	a M. Have
(Seal)		1-30-2005
	My commission expires	- 20-2005